

# BIBLIOTHECA MEDICA CANADIANA



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## BIBLIOTHECA MEDICA CANADIANA

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The Bibliotheca Medica Canadiana is published 5 times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of contributors and the editors and not the CHLA.

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## AVERTISSEMENT AUX AUTEURS / INFORMATION FOR CONTRIBUTORS

The Bibliotheca Medica Canadiana is a vehicle for providing an increased communication among all health libraries and librarians in Canada, but has special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association, whenever possible. Submissions in English or French are welcome, preferably in both languages. Deadline for the next issue is: 16 April, 1981.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques canadiennes de la santé et les bibliothécaires eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues. La date limite pour un envoi à paraître au prochain numéro est: 16 Avril, 1981.

## FROM THE EDITORS

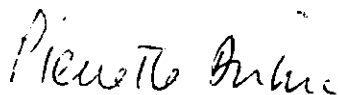
We would like to address this editorial to the very exciting time ahead for all of us involved in the health information field; namely, the upcoming conventions. The CHLA Annual Meeting will be held in Montreal May 26-29, 1981 followed by the 81st MLA Annual Meeting, also to be held in Montreal, May 29-June 4, 1981.

Our association, CHLA, is a young one, but as we head towards our fourth annual meeting, it has become apparent that the Canadian Health Libraries Association fills a tremendous need in bringing together colleagues from across the country who can share and discuss similar problems, exchange information and create a sense of unity to our work. Each year participation has grown. Last year, in Vancouver, 92 librarians attended the annual meeting. We look forward to an even greater turnout this year. Of special interest, due to the MLA meeting following CHLA, we will be able to take advantage of the CE courses being offered for MLA. This year, there is a course being offered with special emphasis on Canadian content. Further details on the annual meeting and the CE course are discussed in Jean Fensom's article on page 167. We look forward to seeing many of you at CHLA.

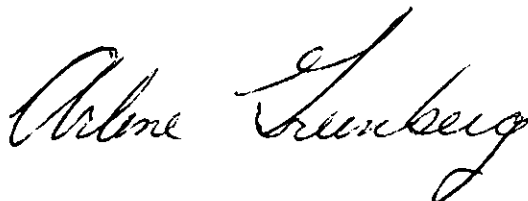
Immediately following CHLA, the Medical Library Association's 81st Annual meeting will begin. This is a wonderful opportunity for many of us to take advantage of. Most often, funds for travel expenses are not always easy to find. However, with both conventions being held in the same city, the Canadian turnout at MLA should be much higher than in years past. I have attended two MLA meetings in recent years, both held in the United States. In each case, there were no more than about 50 Canadian librarians present, out of a total of over 1000 participants. The size of such a meeting can be both an overwhelming yet an exciting experience. As Canadians hosting this meeting, it gives us the opportunity to be directly involved and feel a part of this large forum of exchange of ideas and information. Further details on the meeting are presented on page 166.

This issue contains the first of the "Letters to the Editor". We hope you enjoy reading your colleagues comments and we urge you to send us more for future issues.

Until the next issue.....



PIERRETTE DUBUC



ARLENE GREENBERG

## MOT DE LA REDACTION

Tous ceux et celles qui s'intéressent à l'information médicale sont appelés à vivre des jours mémorables dans les mois à venir: nous aurons à Montréal deux conventions qui se tiendront successivement. L'assemblée annuelle de CHIA ABSC aura lieu du 26 au 29 mai prochain et celle de la Medical Library Association (MLA), du 29 mai au 4 juin.

Notre association est encore jeune, mais à l'aube de ce quatrième congrès il est déjà évident que l'Association des bibliothécaires de la santé du Canada répond à un véritable besoin en réunissant des collègues des quatre coins du pays pour échanger et discuter les problèmes qui leur sont communs. Se parler face à face nous donne un sentiment d'appartenance et d'unité dans les tâches quotidiennes.

A chaque année, le chiffre des participants augmente. L'an dernier, à Vancouver, nous étions 92. Nous espérons bien dépasser ce nombre cette année vu l'intérêt créé par les cours de formation continue qu'offrira la MLA. Un cours en particulier s'adresse aux participants canadiens. Voyez l'article de Jean Fensom à la page 167 pour plus de détails sur ce congrès.

Immédiatement après la fermeture de notre congrès s'ouvrira le quatre-vingt et unième congrès de la MLA. C'est une véritable aubaine dont nous devrions profiter le plus possible. Il est souvent difficile d'obtenir les fonds nécessaires pour participer à ces congrès américains, mais cette fois, les deux congrès ayant lieu dans la même ville, il devrait être facile de convaincre nos administrateurs du profit que représentent quelques jours de plus pour assister au congrès de la MLA. Arlene a déjà participé à deux congrès de la MLA aux Etats-Unis. A chaque fois, sur les 1500 participants on ne retrouvait qu'une cinquantaine de bibliothécaires canadiens. Il est à la fois impressionnant et stimulant de participer à un événement de cette importance.

Cette année, nous serons les hôtes de ce congrès. A ce titre, nous devrions nous sentir impliqués directement et y jouer un rôle actif, en y participant le plus possible. Vous trouverez plus de renseignements à ce sujet en page 166.

Nous publions dans ce numéro notre première "Lettre à l'Editeur". Il faut espérer que vous apprécierez connaître l'opinion de vos collègues et que vous vous hâterez de profiter de cette colonne qui vous est ouverte.

A la prochaine.

*Pierrette Dubuc*

PIERRETTE DUBUC

*Arlene Greenberg*

ARLENE GREENBERG

## THE PRESIDENT'S REPORT

- MARTHA B. STONE

Since September of last year there has been a great deal of discussion within the International Health Sciences Information Community about the overall value and accomplishments of the Fourth International Congress on Medical Librarianship, "Health Information For A Developing World", held in Belgrade, Yugoslavia.

All of us within CHLA/ABSC are aware of the hard work and energy directed toward obtaining financial support from CIDA to sponsor the attendance of librarians from developing countries to this important Congress. Indeed, in previous issues of this Bulletin, it has been reported how Frances Groen (McGill Medical Library) has worked diligently in ensuring that CHLA made its contribution to the success of the Belgrade Congress. Toward this end, at the forthcoming CHLA/ABSC Annual Meeting, Frances will be reporting on the success of her efforts, and the impact that the Congress has had on the librarians whom we were able to help sponsor.

The question is still outstanding, however, as to what value the Congress has on the on-going program and activities of CHLA/ABSC. It is very easy to concern ourselves with the problems of information flows and transfer, documentation delivery, and the role and image of health sciences information specialists within Canada. Everyone can accept that our problems and concerns within our own borders loom large and the resources required to address these issues are more than we have at our disposal. Yet, reviewing the future action plan for health sciences information specialists, at the international level, and examining in some detail the resolutions which were passed at the final plenary session, it becomes clearly evident that our concerns in Canada are the concerns shared by Information Specialists all over the world - concerns of ensuring that quality health information is transmitted to the user in an efficient and effective manner that ultimately will impact on the quality of health care.

Toward this end I would like to present, in this issue of our Bulletin,\*\* the Report on Future Action for the Provision of Health Science Information For the Developing World, and the Resolutions which were passed. I strongly urge that you study this report, for at the next Annual General Meeting, there will be a place on the Agenda for discussing it. It is important that a dialogue is entered upon within Canada to address the issues and concerns raised in Belgrade and how they impact upon our health information activities in Canada.

There is no doubt on my part that we in Canada have a responsibility to contribute to the improvement of the transfer of health information on an international basis. Perhaps the question to be asked is "how much" and to "what extent". I look forward to discussing this subject with all of you at the Montreal meeting.

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\*\* EDITORS' NOTE: Unfortunately, due to the length of this report (13 pages in both English and French) it cannot be included in BMC. Copies are available, free of charge, from Mr. David Crawford, Publications Co-ordinator, Medical Library, McGill University, 3655 Drummond St., Montreal, Que. H3G 1Y6.



## RAPPORT DE LA PRESIDENTE

- MARTHA B. STONE

Depuis septembre dernier, on a beaucoup discuté, au sein de la Communauté internationale des sciences de la santé de l'importance et des résultats du Quatrième congrès international de bibliothéconomie médicale qui eut lieu à Belgrade, Yougoslavie.

Nous, membres de CHLA/ABSC, sommes bien conscients des efforts et de l'énergie qu'il a fallu déployer pour obtenir de l'ACDI la somme nécessaire pour faciliter l'inscription à ce congrès de quelques bibliothécaires des pays en voie de développement. Dans un numéro précédent, BMC rapportait comment Frances Groen (Bibliothèque médicale, Université McGill) avait assuré, avec efficacité, la participation de l'ABSC au congrès de Belgrade. A ce sujet, Frances nous fera rapport de ses activités à la prochaine assemblée annuelle et nous dira l'impact que cette rencontre aura eu parmi les bibliothécaires qui ont pu participer à ce congrès grâce aux subventions obtenues de l'ACDI.

On peut se demander, toutefois, quelle influence ce congrès peut-il avoir sur les activités et les programmes de CHLA/ABSC ? Nous sommes naturellement concernés par les problèmes que posent le transfert de l'information, la livraison des documents, le rôle et l'image des spécialistes de l'information sur la santé au Canada. Les problèmes et les sujets d'intérêt à l'intérieur de nos propres frontières sont déjà nombreux et les moyens dont nous disposons pour y répondre sont limités. Pourtant, si l'on jette un coup d'oeil rapide sur le plan d'action des spécialistes de l'information sur la santé au niveau international, et les résolutions adoptées à la session plénière, il semble bien que nous partageons les mêmes intérêts que les spécialistes de l'information du monde entier: souci d'assurer une information solide et claire à l'usager, afin que la qualité des soins s'en trouve améliorée.

C'est pourquoi je tiens à vous présenter, dans ce numéro de notre bulletin,\* le rapport sur l'action à entreprendre pour fournir aux pays en voie de développement l'information sur les sciences de la santé et les résolutions qui en découlent. J'insiste pour que chacun de vous prenne connaissance de ce texte car nous l'avons inscrit à l'ordre du jour de notre prochaine assemblée annuelle. Il est important que nous discussions ensemble les questions soulevées à Belgrade afin de bien déterminer l'impact qu'elles peuvent avoir sur nos activités au Canada.

Pour ma part, je suis convaincue que nous devons participer à l'amélioration du transfert de l'information sur la santé à l'échelle internationale. La question est de savoir "combien" ? et "jusqu'à quel point" ? il faut s'engager. J'aurai plaisir à débattre cette question avec vous tous à Montréal, en mai prochain.

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\* NOTE DE L'EDITEUR: Malheureusement, le rapport est trop long (13 pages pour chacune des versions anglaise et française). Vous pouvez, toutefois, en obtenir un exemplaire gratuitement en vous adressant à: Mr. David Crawford, Publications Co-ordinator, Medical Library, McGill University, 3655 Drummond St., Montreal, Que. H3G 1Y6.

# CHLA BOARD OF DIRECTORS MEETING - NOVEMBER 15, 1980

- DAVID CRAWFORD

The mid-winter meeting of the Board was held in Ottawa on Saturday November 15 and though Past-President Flower was unable to attend due to illness and both Board Members Stableford and Lacroix were also absent all other members of the Board were present and it was most useful to have as visitors Edna Allen, President of the Toronto Medical Libraries Group, Margaret Taylor, President of the Ottawa-Hull Libraries Group and Eileen Bradley, a past Board Member and Chair of the CHLA Constitutional Committee.

The following items of business were discussed:

1. Mrs. Flower reported by letter that the OCHA had informed her that the Checklist for Staff Library Services (see BMC 1:2:48-53, 1979) is still being used by hospital surveyors across Canada, and is considered to be a very useful addition to their repertoire. Hospitals facing accreditation are not provided with the Checklist, however, and this may be a role for CHLA members.
2. Annual Fees. Treasurer Duchow reported that the Association was in a sound financial position but that fees should rise in 1981. It was reported that BMC absorbs almost  $\frac{1}{2}$  of the total fee and that the expected publication of CanHealth/Santé Canada would add additional expenses. It was agreed by the Board that the membership fee for 1981/82 should be \$20.00 - an increase of \$1.50.
3. Membership. Membership has slightly increased since May, 1980 but members are urgently required and it is hoped Chapters will make efforts to recruit more.
4. Annual Meetings. It was agreed that the Annual Meeting in 1981 should be held in Montreal on 27 and 28 May and that Members should be informed of the Continuing Education courses being sponsored by M.L.A. on 29, 30 and 31 May. It was reported that Sandra Duchow was responsible for overall co-ordination of activities, and that there would be a Canadian-oriented C.E. course sponsored by CHLA itself. (Subsequent to this meeting, Ms. Duchow has had to resign and has been replaced by Jean Fensom of the McGill University Dentistry Library). It was agreed that in 1982 the Annual Meeting would be with the CIA in Saskatoon.
5. Constitution. Ms. Bradley reported that a number of "housekeeping" amendments were desirable and the Board, after discussion, approved them. They will be submitted to the Membership at the AGM.
6. Publications. a) BMC. It was agreed that the volume numbering of BMC should be changed to correspond to the Membership year. I.E. a new volume should start with the July issue. b). CanHealth/Santé Canada. This guide to Canadian resources being compiled by Mrs. Stone, was due to be published in early 1980. It is now considerably overdue and the Board expressed its concern at these delays. It was agreed that the



guide should be published as soon as possible. c). History of Health Science Libraries in Canada. This publication, being edited by Doreen Fraser, is to be published by Dalhousie University School of Library Service in its Occasional Papers series. As part of its contribution the CHLA established an Editorial Advisory Committee consisting of Eileen Bradley, David Crawford, Anna Leith and Audrey Kerr. This committee should approve the outline and final manuscript, and could be consulted by the Editor as necessary. The Board instructed the Committee to...come to a firm agreement concerning the scope and format of this project, since the tightly structured monograph which had first been envisaged seems to have been substantially modified in discussion.

7. CanHelp Conference. The CanHelp Project reports that it is moving now to develop specific proposals for funding which will be presented to appropriate bodies suggested through its various advisers. The outcome is to be reported to the Board at the AGM, and the options discussed.
8. It was reported that the grant of \$12,000 obtained by CHLA from CIDA had been used to assist African Health Librarians attending the International Congress of Medical Librarianship in Belgrade in September, 1980.
9. It was agreed, in principle, that CHLA should join IFLA who will be responsible for organizing future International Congresses.
10. David Crawford was delegated to draft a response to the document "Future of the National Library". If approved by the President, this will be sent to the Secretary of State.
11. It was agreed that CHLA might also need to comment on the Federal governments Freedom of Information Act.
12. Mrs. M.A. Flower was appointed Chair of the Nominating Committee.

Much other additional business and the inevitable informal exchange of information were dealt with during the meeting. It was encouraging to see the Association moving ahead in so many areas and being asked for its advice and recommendations. It is hoped that early in 1981 we will see the production of CanHealth/Sante Canada, the first of our "monographic publications" and that the planning for the CanHelp Conference will bear fruit.

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# RÉUNION DU CONSEIL D'ADMINISTRATION - 15 NOVEMBRE 1980

- DAVID CRAWFORD

La réunion du conseil d'administration a eu lieu à Ottawa, samedi, 15 novembre, en présence des membres du conseil, à l'exception de la présidente sortant de charge, Mme Flower, retenue par la maladie, et de Mmes Stableford et Lacroix. Nous avons accueilli les visiteurs suivants: Edna Allen, présidente, Toronto Medical Libraries Group, Margaret Taylor, présidente du Ottawa-Hull Libraries Group et Eileen Bradley, jadis membre du conseil et présidente du Comité de la Constitution.

Les questions suivantes étaient à l'ordre du jour:

1. Dans une lettre, Mme Flower mentionne que l'ACAH lui affirme que la liste des critères d'évaluation des services de bibliothèque est toujours utilisée par les inspecteurs d'hôpitaux à travers le Canada et qu'on la considère encore très utile. Par contre, les hôpitaux qui sont sujets à l'agrément ne connaissent pas l'existence de cette liste. Ce pourrait être le rôle de l'ABSC de les en informer.
2. Cotisations annuelles. La trésorière, Sandra Duchow, signale que la situation financière de l'Association demeure stable mais qu'une hausse de la cotisation serait indiquée en 1981. La publication de BMC dévore presque la moitié des cotisations et la publication prochaine de CanHealth/SantéCanada amènerait des dépenses additionnelles. Le conseil a convenu que la cotisation pour 1981/82 se chiffrerait à \$20.- (une augmentation de \$1.50).
3. Recrutement. Le chiffre des membres a légèrement augmenté depuis mai 1980, mais nous avons un besoin pressant de nouveaux membres. Nous espérons que nos sections feront un effort dans ce domaine.
4. Assemblées annuelles. Il a été entendu que l'assemblée annuelle de 1981 aura lieu à Montréal, les 27 et 28 mai et que les membres seront avertis des cours d'éducation permanente offerts par la M.L.A. les 29, 30 et 31 mai. Il a été signalé que Sandra Duchow serait responsable de la coordination des activités et que l'ABSC offrirait un cours d'éducation permanente d'inspiration canadienne. (Suite à cette réunion, Mme Duchow s'est trouvée dans l'obligation de démissionner et a été remplacée par Jean Fensom de la bibliothèque de Chirurgie dentaire de l'Université McGill.) Il est convenu que l'assemblée annuelle de 1982 se tiendra conjointement à celle de la Canadian Library Association à Saskatoon.
5. Constitution. Ms Bradley mentionne quelques amendements, d'ordre mineur, qui seraient souhaitables. Après discussion, le conseil les approuve. Ils seront présentés aux membres lors de l'assemblée générale annuelle.
6. Publications. a) BMC. Il a été convenu que le numérotage des volumes de BMC devrait être changé pour correspondre avec notre année de cotisation (i.e. notre prochain volume fera son apparition avec le numéro de juillet). b) CanHealth/Santé Canada. Ce guide des ressources et services dans le domaine des sciences de la santé au Canada, sous la direction de Mme Martha Stone, était sensé paraître au début de 1980. Vu le retard considérable qui s'est accumulé, le conseil exprime son inquiétude et recommande que le guide soit publié le plus tôt possible. c) Histoire des bibliothèques médicales canadiennes et leur rôle. Cet ouvrage, sous la direction de Doreen Fraser, sera publié par l'Ecole

de Bibliothéconomie de l'Université Dalhousie dans la série "Occasional Papers". Pour sa part, L'ABSC a nommé un comité consultatif dont les membres sont: Eileen Bradley, David Crawford, Anna Leith et Audrey Kerr. Le comité doit ratifier le plan de l'ouvrage, le manuscrit définitif et se mettre à la disposition de l'éditeur, au besoin. Le conseil a recommandé au comité de se mettre carrément d'accord en ce qui concerne la portée et le format cette publication puisque la structure bien précise tel qu'envisagé au début a depuis subi d'importantes modifications.

7. La conférence CANHELP. Le projet CANHELP en est à formuler des propositions relatives au financement qui seront présentées aux organismes appropriés suite aux suggestions venues des divers conseillers.
8. On signale que la bourse de \$12,000, obtenue de l'ACDI par l'ABSC, a permis à des bibliothécaires africains de la santé d'assister au quatrième congrès international de bibliothéconomie médicale à Belgrade, en septembre 1980.
9. Il est convenu, en principe, que l'ABSC devrait se joindre à la FIAB, organisme responsable de l'organisation des congrès internationaux à venir.
10. On a chargé David Crawford de rédiger une réponse au document "L'avenir de la Bibliothèque nationale du Canada". Suite à l'approbation de la présidente, son texte sera envoyé au Secrétariat d'Etat.
11. Il a été convenu que l'ABSC devrait aussi présenter ses commentaires sur le projet de loi sur l'accès à l'information du gouvernement fédéral.
12. Mme A. Flower a été nommée présidente du comité de mise en candidature.

Beaucoup d'autres sujets ont été abordés et discutés au cours de cette réunion. Il est encourageant de constater que l'Association se trouve au premier plan dans beaucoup de domaines et qu'on sollicite ses commentaires et ses recommandations. Nous espérons assister, dès le début de 1981, au lancement de CanHealth Santé Canada, la première de nos "publications monographiques". Il faut espérer également, que la planification de la conférence CANHELP sera fructueuse.

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## CANHELP CORNER

- M.A. FLOWER

## QU'EST-CE QUE LE PROJET CANHELP ?

L'hiver dernier, j'étais invitée à présenter les normes établies pour les bibliothèques d'hôpitaux aux enquêteurs du Conseil canadien d'agrément des hôpitaux. Il y avait longtemps que je n'avais parlé à ces personnes du milieu de la santé qui considèrent les bibliothèques comme accessoires et non-prioritaires: je me suis heurtée, une fois de plus, à leur indifférence. Il n'y a pas eu communication.

Les bibliothécaires des hôpitaux canadiens vivent couramment cette expérience pénible de parler sans être entendu, comme s'ils habitaient une cloche de verre. Pendant que le gouvernement américain développe une structure élaborée d'échange et de circulation de l'information médicale, rien ou à peu près rien de tel ne se produit au Canada. Il est donc urgent pour nous, bibliothécaires de la santé, d'entrer en communication avec le milieu médical et celui de l'administration des hôpitaux afin que l'information essentielle à la santé s'organise et circule librement à travers le pays. C'est la raison du projet CANHELP: CAN pour "Canadian", HE pour "Health", L pour "Libraries" et P pour "Project".

La bibliothèque d'hôpital, clé du réseau

Pourquoi faire de la bibliothèque d'hôpital, la réponse au besoin d'information? Parce que c'est le lieu le plus communément accessible au personnel de la santé. Si celui-ci voulait bien soutenir la démarche des bibliothèques d'hôpitaux, le système d'information tout entier fonctionnerait mieux et les services de bibliothèque nécessaires à la formation continue deviendraient réalité.

Les membres de l'Association des Bibliothèques de la Santé du Canada ont travaillé avec acharnement, depuis plusieurs années, afin d'établir des normes convenables pour les bibliothèques d'hôpitaux. Ces normes ont été incorporées au Manuel d'agrément des hôpitaux publié par le Conseil canadien d'agrément des hôpitaux. Par la suite, l'association apporta sa collaboration au "Committee on Medical Library Services" de l'Ontario Medical Association pour fournir au Conseil une liste des points saillants à examiner au moment de l'interprétation des normes. En dépit de ces efforts, les enquêteurs du Conseil restent encore persuadés que les normes sont trop élevées et qu'il faut les "ajuster" à la réalité vécue dans les hôpitaux. Ce qui revient à dire qu'au lieu d'améliorer la qualité des services d'information, on leur propose de végéter sinon d'étouffer et de disparaître! La nécessité d'en arriver à un minimum vital n'est même pas perçue. Le milieu médical canadien n'a pas actuellement le réseau d'information auquel il a droit et dont il a besoin. Il n'en est même pas conscient, semble-t-il.

Au lieu de concevoir sa bibliothèque comme un centre d'animation de l'information médicale, la direction des hôpitaux la voit encore comme un lieu de conservation des livres et revues. Sous prétexte d'économie, on embauche un personnel sans expérience pour voir au prêt et au rangement des livres. L'entraînement de ce personnel des bibliothèques d'hôpitaux reste à faire, non seulement pour qu'il puisse répondre aux

besoins de sa clientèle mais aussi pour qu'il devienne habile à utiliser les ressources des autres bibliothèques de sa localité.

### Le professionnel de la santé et l'information

Le professionnel de la santé a besoin d'information. Comment arrive-t-il à satisfaire ce besoin ? En pratique, il se débrouille avec les moyens qui lui sont offerts. Les bibliothèques, de leur côté, offrent des collections couvrant largement les diverses disciplines afin de répondre au plus grand nombre possible, vu la variété des besoins qui évoluent de jour en jour et d'un cas à l'autre.

Malheureusement, il est évident que nombre d'informations utiles ne parviennent pas à destination ce qui est au détriment du soin aux patients. Cela tient autant aux habitudes du praticien qu'à la qualité du service offert à la bibliothèque, si encore il s'y est adressé.

Trois secteurs de l'information sont particulièrement difficiles à obtenir: les statistiques et les études épidémiologiques qui sont utiles pour la planification des soins et qu'on a peine à retrouver dans les bureaux gouvernementaux, l'information pour le soin aux patients qui s'obtient plus souvent d'un collègue que d'une recherche de la littérature, et celle qui est nécessaire à la formation continue du personnel médical et para-médical.

### Le rôle des bibliothécaires

Les bibliothécaires de la santé ont raison de dire que leurs bibliothèques devraient donner accès à toute l'information requise pour la prévention, le soin et l'enseignement continu. Toutefois, l'art de diffuser l'information pour qu'elle atteigne son maximum d'efficacité est encore à découvrir chez nous. Le professionnel de la santé n'est peut-être pas conscient des lacunes de son information, mais le bibliothécaire de la santé sait qu'il a beaucoup à faire avant de pouvoir y répondre.

Chacune des bibliothèques d'hôpitaux ne peut prétendre, par ailleurs, réceler toute l'information et c'est pourquoi les échanges entre bibliothèques sont monnaie courante. Mais pour ce faire, il faut au moins avoir un appareil téléphonique à sa disposition! C'est là que commence l'interaction au niveau local et la clé de cette interaction, c'est un personnel compétent qui sache identifier les ressources de la communauté et obtenir leur collaboration.

Lors d'une enquête récente parmi les membres de l'Association canadienne des bibliothèques de la santé, on a identifié deux moyens jugés nécessaires au développement et à l'amélioration des services d'information sur la santé au Canada. Le premier, c'est l'interaction au niveau local, le second, c'est la formation continue pour les bibliothécaires. Formation continue signifie une meilleure identification des ressources canadiennes; des techniques pour une meilleure administration; le savoir-faire de la gestion. L'interaction au niveau local signifie savoir "qui" a "quoi", des ententes pour les échanges entre bibliothèques, et l'accès aux collections les plus proches. Cela veut dire aussi mieux se connaître, au moyen d'ateliers et de projets de mise en commun.

### Conséquences des interactions locales

Ces rencontres ne font pas que favoriser les échanges d'idées mais mènent à des réalisations concrètes comme des listes collectives de périodiques, des services de

messagerie partagés, etc. Evidemment, cela demande du temps, de l'argent et une bonne relation entre les établissements, mais il peut arriver que ces projets d'échange de service amènent des économies substantielles. On le voit actuellement lorsqu'il s'agit de partager des services comme la buanderie et les achats. Réduction des coûts et services de bibliothèques adéquats sont certainement possibles si l'on parvient à s'entendre entre hôpitaux d'une même région.

Parmi ces ressources régionales, il se trouve les bibliothèques des facultés de médecine qui travaillent déjà en excellente collaboration avec leurs hôpitaux d'enseignement. Pourquoi ne pas élargir le réseau et y inclure les établissements non-universitaires à travers la province ! Il y a dix ans déjà, l'Ontario Council of Health proposait un plan parfaitement équilibré pour répondre aux besoins des professionnels de la santé de l'Ontario. A la base, on trouvait les bibliothèques des petits hôpitaux reliées entre elles, qui s'adressaient ensuite aux plus importantes d'entre elles au niveau suivant, en passant par les collections universitaires pour finir, en dernier ressort au Centre bibliographique des sciences de la santé (CBSS) de l'Institut canadien de l'information scientifique et technique (ICIST). Cependant, ce modèle n'a pas été formellement implanté car, pas plus en Ontario qu'ailleurs au Canada, les bibliothèques médicales universitaires n'ont été reconnues comme une ressource valide pour toute la communauté. Cela signifierait des subventions spécifiques afin qu'elles puissent jouer ce rôle efficacement. Il faudrait pour les obtenir que les professionnels de la santé les réclament.

### Rôle de l'Association canadienne des bibliothèques de la santé

Les membres de l'Association canadienne des bibliothèques de la santé examinent ces problèmes depuis plusieurs années déjà. Cette fragmentation du réseau est typique dans chaque province du Canada. C'est le milieu dans lequel nous devons travailler. Nous cherchons les moyens à prendre pour en arriver à fournir l'information nécessaire lorsqu'elle est nécessaire et de la manière la plus adéquate possible.

Nous croyons fermement à la possibilité d'un réseau des bibliothèques de la santé d'abord au niveau local puis au niveau régional. Nos six sections sont déjà au travail et préparent des outils pour l'échange et la communication: liste de périodiques, liste des volumes de base indispensable, programme de formation continue.

Les premiers objectifs de notre association sont:

- a) s'occuper de promouvoir et stimuler la dissémination de l'information sur les services de bibliothèque offerts aux professionnels de la santé
- b) fournir un milieu facilitant le dialogue entre les disciplines de la santé et les sources d'information
- c) offrir et diriger au besoin l'entraînement du personnel concerné dans les services de bibliothèques et d'information aux professionnels de la santé
- d) voir à établir les affiliations et autres modes de collaboration qui peuvent se révéler utiles, selon les besoins.

C'est à partir de là que nous avons mis sur pied notre projet CANHELP.

Nous envisageons, comme première approche à la résolution du problème, un dialogue avec les autres professionnels de la santé de tout le Canada. Nous souhaitons un échange fructueux avec les personnes des diverses disciplines que nous devons desservir. Nous souhaitons aussi le même dialogue avec les personnes de l'administration hospitalière et gouvernementale qui sont responsables du financement des programmes de santé, lesquels comprennent les bibliothèques.

Nous voulons leur présenter notre point de vue et leur expliquer comment fonctionne une véritable bibliothèque. Nous voulons trouver des moyens de financement pour des services régionaux dans les diverses régions du Canada et nous voulons leur demander leur appui. Nous nous proposons d'examiner d'abord ce qui doit être fait, ce qu'il serait possible de faire, comment le faire et comment le financer de façon systématique. Nous devons préciser avec eux nos objectifs immédiats. Faut-il mettre sur pied une bibliothèque de la santé qui serve de modèle pour tout le Canada ? Faut-il entreprendre des ateliers de sensibilisation pour les administrateurs d'hôpitaux, le personnel médical, les fonctionnaires du gouvernement, les infirmières et les para-médicaux afin de les familiariser avec les services qu'ils peuvent attendre d'une bibliothèque médicale. Faudrait-il mettre sur pied un Institut pour la formation continue des bibliothécaires de la santé au Canada ? Cet institut pourrait-il devenir un centre de recherche sur les bibliothèques et le développement d'ouvrages de base typiquement canadiens ?

Le projet CANHELP est en quelque sorte un projet visant à l'éducation des adultes. Nous souhaitons qu'en fournissant de nouvelles méthodes pour un travail en commun, nous en arrivions à des changements dans le comportement de tous et chacun: nous-mêmes, nos collègues, nos usagers et nos établissements. La première proposition que fait CANHELP c'est un séminaire au niveau national où seraient invités des administrateurs, des médecins et des infirmières de nos hôpitaux, représentant chacune des provinces du Canada, des bibliothécaires d'université, des fonctionnaires fédéraux et provinciaux et des représentants d'un certain nombre d'associations professionnelles dans le domaine de la santé. Le séminaire favoriserait les échanges à partir d'une série de prises de position des participants. Nous espérons ainsi en arriver à préciser, tous ensemble, les étapes nécessaires pour qu'un service canadien d'information sur la santé voit le jour: novateur, flexible et par-dessus tout efficace.

(Traduction libre du texte présenté à l'Assemblée annuelle de CHLA/ABSC en juin 1980)



## MEDLARS IN CANADA: A PERSONAL REMINISCENCE

ANN D. NEVILL

Way back in 1968, when I took my MEDLARS training, it was a lengthy undertaking - six months of classes and work at the National Library of Medicine. The training groups were inclined to be quite international, and ours was particularly so. Officially represented were Great Britain, Japan, France, West Germany, Switzerland and Sweden; I was the unofficial representative from Canada since I had been sent by Michigan MEDLARS Center. NLM, besides turning itself into a training centre for neophyte searchers, also acted as a housing bureau. Finding short-term apartments in the Bethesda area was no mean feat, but we were all suitably welcomed, housed, and introduced to the wonders of Washington's environs.

The course involved learning the whole input process for Index Medicus, starting with indexing. The first two months were spent learning how to index and then actually doing it, with much help from our "revisors". For an additional two weeks, we discovered how the Medical Subject Headings Section operated, and worked on justifying proposed new terms.

We were then ready to proceed to training in the search process: this was what everything else had been preparing us for, since we were to be searchers once we got back to our respective institutions.

Because Boolean logic was a totally new concept to all of us, the first few weeks in "Search" were slightly traumatic for all concerned. Several good, general lectures on information science were given at the time by Wilfred Lancaster, who was working on his evaluation of MEDLARS.

Once we had learned the basics, searching turned out to be great fun. Nowadays, if you don't know how a relevant article has been indexed, you can poke some keys and find out; you can try different combinations to see what they produce and hope that you've guessed right. With the batch process, however, we had to hope for the best for two weeks or so until we saw the results of our labours. But I've never had a job that was so much fun. It was like going to work doing crossword puzzles all day.

After going back to Michigan, and doing crossword puzzles for several months, I heard via the efficient NLM grapevine that Canada was interested in MEDLARS. Since, at that time, I was the only Canadian trained in the system, I thought that perhaps this was a golden opportunity to repatriate myself. Fortunately, Dr. Brown and the (then) National Science Library thought so too, and by September, 1969 I was ensconced in CAN/SDI, waiting for MEDLARS to come to Canada.

It was a longer wait than anyone had envisioned - about a year, while NRC and Health & Welfare Canada worked out which department would actually become the Canadian MEDLARS Centre. I learned SDI in the interim and tried to keep up with MEDLARS developments at long distance.

Finally, late in 1970, the decision was made. The quid pro quo, worked out between NRC and NLM involved indexing Canadian journals plus some published in other countries, to make a fair exchange. We first thought of setting up an indexing operation in Ottawa but finally decided it would be more advantageous to pay an established U.S. indexing company to do our indexing for us on contract; this system is still in effect.

The next stop was to find someone to run our searches since by that time NLM couldn't handle the volume from all the search centres. Ohio State University in Columbus was chosen to process the Canadian searches for the first year or two, and later the processing was moved to Houston, Texas. Because our customers

had not yet been spoiled by on-line searching, they happily waited three weeks or more for results.

NLM, besides providing training and encouraging voices at the other end of the telephone, produced lots of publicity material. I embarked on publicity jaunts, covering most of the Canadian medical schools, with my suitcase full of MEDIARS slides, and collected numerous customers from across the country. Canadian MEDIARS was run initially on an "experimental" basis: which meant that there was no charge; after seven months, however, a fee was imposed. The mistake I made was in giving six weeks advance notice of the impending charges. On the day that the fee went into effect, there were 80 search requests piled up on my desk. People from all across the country had cleverly "got in under the wire". After that, demand dropped considerably for awhile, gradually building up again as people resigned themselves to paying for their information. Never again, thankfully, did I achieve that monumental backlog.

In 1972 MEDline made its appearance, and the batch system was phased out. Leo Grigaitis and Nancy Edson were trained by NLM, decentralization of the system was begun, and training was initiated at NSL in preparation for the first of the Canadian MEDline Centres.

We transferred almost instantly from waiting patiently for three weeks for results of our MEDIARS searches to becoming annoyed at a 10-second delay in response on MEDline. Such is human nature. I must confess though, to have harboured small regrets and a slight sense that half the fun was gone - - no more suspense and second-guessing the indexers or the occasional monumental goof in search formulation, like leaving out a crucial set of brackets, which could really wreak havoc on the resulting print-out.

It has been interesting through the years to watch the changing mystique of data base searching. MEDIARS was really the first publicly available retrospective data base, and in the late 1960's searchers were rather an elite few. This feeling was enhanced by the workshops that NLM conducted at 6-month intervals. Through these workshops we were able once again to meet the people we had been trained with, and NLM staff with whom we had become friends, as well as people from the classes preceding and following ours.

After the first years of fostering this elitist concept, NLM went completely in the other direction and attempted to open up MEDline directly to the user. It soon became apparent that this was not what the average user wanted. He was interested only in the end result, and wasn't terribly motivated to learn how to achieve those results himself. The jobs of (by then) hundreds of searchers were not in jeopardy after all.

From the single Canadian MEDIARS Centre at CISTI in 1972, we now have 102 on-line centres thanks to that 1970 quid pro quo agreement and CISTI's efficient training process. When we, as Canadians, are tempted to worry about being overshadowed by our big brother to the south, perhaps we should consider where we'd be in the dissemination of medical information today without this prime example of international cooperation.

## HEALTH INFORMATION AND THE DEVELOPING WORLD - A CANADIAN CONTRIBUTION TO FUTURE ACTION

- FRANCES K. GROEN

Subscribers to the Bibliotheca Medica Canadiana are already aware that Canadians, both individually and through the Canadian Health Libraries Association, were participants in the Fourth International Congress on Medical Librarianship held in Belgrade, Yugoslavia, 2-5, September, 1980. The Canadian Health Libraries Association received a grant of \$12,000 from the Canadian International Development Agency to sponsor delegates from the developing world to attend this Congress.

"Health Information for the Developing World", the Congress theme, required that, for the Congress to be successful, participation by librarians from the developing world had to be assured. For this reason, in 1979 medical librarians from Canada, Sweden, Denmark, Great Britain, and other countries, began to explore existing funding opportunities from a variety of national agencies. These are very difficult times in which to seek funding for outreach programs. Individuals and agencies are likely to be more critical of programs requiring support. Similarly, as the purse strings are tightened, there is a tendency for national agencies, like individuals, to focus upon local needs rather than international issues, expressing the "physician heal thyself" or "charity begins at home" philosophy. Outreach programs usually fare poorly under this conceptual basis. However, the existence of a duly chartered group of health librarians in Canada made it possible to obtain the support of C.I.D.A. on behalf of candidates from the developing world. As a result, we were able to tap funding sources which were concerned with the developing world. Several benefits resulted. Canadian health librarians assisted candidates from the developing world in attending this highly relevant Congress. We obtained additional funding dedicated uniquely to this purpose, and did not diminish funds available to others. Finally, we were able to establish an international presence on behalf of the Canadian Health Libraries Association.

The total number of Congress participants was 370: 170 from all over the world and about 200 from Yugoslavia. A Congress of this size facilitated making personal contacts and almost all the participants took a very active role. For many librarians this was the first time that they had been able to attend an international meeting. Congress participants were tremendously motivated, stimulated, cooperative and eager to plan very positive actions for the future. The Congress was a very encouraging and thought-provoking experience for all the participants. Fifty-four librarians from 36 developing countries received travel support. The donors can be pleased with the result of their support as the Congress has clearly given considerable impetus towards improving medical library and literature services in developing countries.

Financial support for participants from the developing world was determined by an international committee using World Health Organization and UNESCO guidelines. Preference was given to candidates presenting a paper or invited to moderate one of the sessions. Participants funded by Canadian contribution were: Mrs. M.G. Byaruhanga, Albert Cook Library, Makerere Medical School, Kampala, Uganda; Mrs. K. Rangan, Librarian, Lokmanya Tilak Municipal Medical College, Bombay 400022, India; Monsieur Ekoné-Amah, Université du Benin, Lomé, Togo; and Mrs. L. Mansingh, Librarian-in-charge, Medical Library, University of the West Indies, Kingston 7, Jamaica.

One of the requirements for the grant recipient was the preparation of reports on the Congress. Selected comments from these recipients provide insights into the success of the Congress in achieving its goal of improving health information in the developing world. Mrs. Byaruhanga, Kampala, Uganda writes:

"The Congress was well attended by distinguished health workers, medical librarians and documentalists from the different corners of the world. The following countries were represented: Zaire, Cameroon, Uganda, Ethiopia, Nigeria, Ghana, Togo, England, Denmark, Sweden, Holland, Germany, Kenya, Tanzania, Poland, Yugoslavia, Papua New Guinea, U.S.A., Canada, Latin America, Ruanda, Australia, Japan, Zambia, Indonesia, Malaysia etc. The WHO regional Libraries were also represented.

The political and economic problems of the third world were given prominence and the need for networking in the provision of biomedical information within the regions was emphasized.

The meeting of African Medical Librarians resolved to form an association affiliated to IFLA so that their voice could be heard. The lack of existence of libraries in medical schools and research centres in Africa was noted with dismay.

The problems of communication, lack of foreign exchange and qualified manpower, lack of translation facilities, lack of status etc. seem widespread in the region.

Decision was taken to compile a union list of holding of the different medical libraries in Africa for the purpose of regional cooperation in order to meet user needs. Four medical school libraries were suggested to form focal points. Requests would be channelled to those centres for action instead of sending request to WHO Geneva or NLM in U.S.A. Restrictions on foreign exchange to pay for the photocopy service were revealed. A suggestion was made that there exists a WHO Revolving Fund in different countries which can be used for the purpose. Another suggestion was the issuing of coupons to libraries so that the photocopy service could be charged against the issued coupons.

The WHO Regional Office for Africa showed interest in the compilation of The Africa Index Medicus. By general consensus, the format should be on the lines of BIREME. Use of MeSH rather than natural language was advocated.

In conclusion the Congress was most educative. I had the opportunity of exchanging ideas with fellow medical librarians. Library technics which exist and are in use in libraries but which are not applicable in our library were drawn to my attention. The efforts made by librarians to meet user needs were inspiring. I had the opportunity of projecting the true picture of my country and our library. I was able to twin with big libraries in U.K., U.S.A. and Australia. It was agreed that as far as possible handling and postage of journals would be met to fill gaps in our collection. The use of Coupons and WHO Revolving Fund would be of great help to our library, researchers when implemented.

I must emphasize that the Congress was extremely farsighted and the need for a continuing dialogue between and among the medical librarians of the world was recognized as well as the plans for the future to shape the profession. Because of the nature of the profession, the Congress urged the health workers to recognize the Medical Librarian as a member of the health care delivery team."

Mrs. K. Rangan, a medical librarian in Bombay commented as follows in her report on the Congress.

"Besides these planned seminars and sessions, the Congress gave me the opportunity to meet and chat with librarians from all over the world. This led to spirited

and spontaneous exchange of ideas. Such informal exchanges opened up new vistas, and gave me a chance to talk to delegates who were not fortunate enough to present a paper. And I discovered that some of them had really interesting accounts to relate.

To sum up, I found the Congress stimulating, enlightening and eye-opening. I was amazed with the tremendous strides made by the developed nations. I was delighted to meet and exchange ideas with delegates from all over the world. This resulted in meaningful exchange of information, assessment of relative progress made and rethinking on closely contested themes.

Besides the knowledge that I have consciously absorbed at the Congress, there must be thousand other 'information bits' subconsciously embedded in my mind awaiting automatic retrieval. My participation in the Congress has vastly enhanced my knowledge of library science, introduced me to the latest techniques, instilled in me extra confidence of my capabilities and fired me with a renewed zeal, fervour, dedication and devotion to my profession - all of which, I hope, will be amply reflected in the services rendered by me as librarian of Lokmanya Tilak Municipal Medical College."

#### TOWARDS FUTURE ACTIVITIES

These remarks quoted above are taken from the reports of two of the grant recipients who benefited from the Canadian contribution. They capture, in part, the flavour of the Congress, and convey the "action-oriented" emphasis of Congress organizers.

At a session on the final day of the Congress, participants discussed the Report Resolutions of the Drafting Committee on Plans for the Future. These resolutions were prepared by a drafting committee working throughout the Congress, soliciting input from all attendees. This final session provided an exciting first, endorsing the need for user education in medical libraries, especially, but not exclusively in the developing world. The resolutions express concern and commitment, and, through the Canadian Health Libraries Association members will be more completely informed in future regarding these resolutions. They are an exciting first, mandating co-operation and interaction on a global level as well as future action and evaluation. Unlike the Amsterdam Congress where western countries dominated, the vitality and potential of the developing countries provided both theme and variations for an exciting positive, future-oriented meeting. The members of the Canadian Health Libraries Association made possible a distinct Canadian contribution to a Congress which provided hope that the issues of information in health care delivery systems in a context of social change are being addressed.

## NOUVELLES DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE (CISTI)

- BONITA STABLEFORD

Dans ce premier numéro de BMC pour l'année 1981 et ma première contribution au nom du CBSS, j'ai pensé faire le point sur nos activités. La série d'articles sur les programmes et services de l'ICIST se poursuivra dans le prochain numéro.

PROGRAMME MEDLARS CANADIEN

Le réseau MEDLINE canadien ne cesse de grandir, le nombre de centres actifs s'élevant à 102 le 31 Janvier 1981. Cela représente une augmentation de 30.8% pour l'année civile terminée. Afin d'offrir des cours de formation mieux adaptés aux chercheurs MEDLINE, le CBSS a évalué le programme actuel en 1980. Conformément aux suggestions des participants, une quatrième journée a été ajoutée, ce qui permet d'étudier d'autres fichiers, surtout les services techniques et les données sur le cancer, tout en laissant plus de temps pour les exercices au terminal. Les points saillants du cours restent le vocabulaire MeSH, les principes d'indexation et les modalités de recherche.

Autre élément nouveau: les cours d'introduction MEDLINE seront organisés dans les grandes villes suivant la demande et sous réserve d'un minimum de six participants. A l'ICIST, ces cours d'introduction continueront d'être offerts régulièrement en français et en anglais. Voici les dates de cours pour 1981:

<u>DATE</u>	<u>ENDROIT</u>	<u>DATE</u>	<u>ENDROIT</u>
13-16 janvier	Calgary	16-19 juin	Vancouver
26-29 janvier	Ottawa	22-25 juin	Winnipeg
2-5 février	Ottawa (fr)	6-9 juillet	Ottawa
23-26 février	Ottawa	27-30 juillet	Ottawa
11-13 mars	Hamilton		Windsor
23-26 mars	Ottawa	25-28 août	Montréal
7-10 avril	Montréal (fr)	31 août-3 sept.	Ottawa
21-24 avril	Hamilton	21-24 sept.	Ottawa
27-30 avril	Toronto	5-8 octobre	Ottawa (fr)
5-8 mai	Halifax	26-29 octobre	Ottawa
11-14 mai	Ottawa	30 nov.-3 dec.	Ottawa

Ces cours offerts à tous les intéressés, coûtent 30 \$ par personne.

PROGRAMME DE PUBLICATION DU CBSS

L'édition de 1981 de Dépôts canadiens des revues indexées pour MEDLINE sera prête début mars. On y trouve les dépôts de tous les titres indexés pour l'Index Medicus et dans les domaines connexes des sciences infirmières, de la dentisterie, des troubles de la communication, de la reproduction. Les titres recensés dans le Hospital Literature Index qui répondent aux directives du catalogue collectif de l'ICIST sont également signalés. Le coût de 12 \$ n'a pas changé.

Le CBSS prévoit deux nouvelles publications qui s'adressent aux personnels des sciences de santé. Il s'agit des Parties 2 et 3 de Information en sciences de la santé au Canada. La 2<sup>e</sup> Partie présentera une liste des associations de santé au Canada, nationales et provinciales. On y trouvera des adresses, des numéros de téléphone et des agents de liaison. Le fichier de base compte actuellement plus de 200 associations nationales et on prévoit plus de 300 autres signalements. La date de lancement prévue est l'été de 1981. La 3<sup>e</sup> Partie fournira une liste des revues courantes en sciences de la santé au Canada, y compris les périodiques scientifiques et les bulletins de nouvelles. On compte publier ce volume fin 1981 ou début 1982.

Le répertoire des bibliothèques des sciences de la santé, intitulé Information en sciences de la santé au Canada: bibliothèques, sera mis à jour en vue d'une deuxième édition en 1981.

#### EXPANSION DE LA COLLECTION

L'ICIST a entrepris un inventaire de ses périodiques en toxicologie. Pour commencer, on identifie les périodiques qui ne sont conservés nulle part au Canada en vue de leur achat éventuel. La prochaine étape sera consacrée à un programme collectif d'acquisition de documents en toxicologie dans certaines grandes bibliothèques. Le domaine de la santé au travail recevra également l'attention de l'ICIST.

Dans le cadre de son programme d'identification des sources de données statistiques sur la santé au Canada, le CBSS a trouvé une publication récente de Statistique Canada qui décrit les données, publiées ou non, conservées à la Division de la santé de ce ministère.

Statistique Canada. Division de la santé. Section Recherche et analyse.

Repertoire des données de la division de la santé

Ottawa:

No. 4-2303-559

Prix 2 \$

Depuis octobre déjà, le poste de coordonnateur de MEDLINE est vacant. Un certain nombre de demandes ont été reçues et j'espère qu'un candidat sera retenu d'ici le printemps.



## FROM THE HEALTH SCIENCES RESOURCE CENTRE, CISTI

- BONITA STABLEFORD

With this, the first issue of BMC for 1981 and my first column on behalf of HSRC, I would like to bring you up-to-date on activities at HSRC. The series highlighting CISTI programs and services will be continued in the next issue.

CANADIAN MEDLARS PROGRAM

The Canadian MEDLINE network is continuing to grow at an ever-increasing rate with 102 active centres as of January 31st, 1981. This represents a 30.8% increase over the last calendar year. In order to provide more effective training programs for MEDLINE searchers, HSRC evaluated the existing course during 1980. As a result of course evaluations submitted by attendees, a fourth day has been added. This allows for discussion of additional files, in particular the technical services and cancer files, and has increased the amount of online time in the seminar. The course continues to stress the use of the MeSH vocabulary, principles of indexing, and system capabilities.

Another new feature of the training program is the scheduling of introductory MEDLINE seminars across Canada. Seminars will be offered in major cities subject to demand and a minimum of six attendees. Introductory seminars in both English and French will continue to be given at CISTI on a regular basis. The 1981 introductory seminar schedule is given below.

	<u>DATE</u>	<u>PLACE</u>		<u>DATE</u>	<u>PLACE</u>
Jan.	13-16	Calgary	June	16-19	Vancouver
	26-29	Ottawa		22-25	Winnipeg
Feb.	2-5	Ottawa (F)	July	6-9	Ottawa (F)
	23-26	Ottawa		27-30	Ottawa
Mar.	11-13	Hamilton			Windsor
	23-26	Ottawa	Aug.	25-28	Montreal
Apr.	7-10	Montreal (F)		31-3 Sept.	Ottawa
	21-24	Hamilton	Sept.	21-24	Ottawa
	27-30	Toronto	Oct.	5-8	Ottawa (F)
May	5-8	Halifax		26-29	Ottawa
	11-14	Ottawa	Nov.	30-3 Dec.	Ottawa

(F) indicated French course.

Seminars are open to all who wish to attend at a cost of \$30.00 per registrant.

HSRC PUBLICATION PROGRAM

The 1981 edition of Canadian Locations of Journals Indexed for Medline will be available by early March. This publication includes holdings for all titles indexed for Index Medicus, as well as titles in the related areas of nursing, dentistry, communication disorders and reproduction. Titles indexed in the Hospital Literature Index and which match CISTI's union list policy are also included. The cost will remain at \$12.00.

HSRC has begun work on two new publications which we hope will be useful to the health sciences community. The publications will be Parts 2 & 3 in our series Health Sciences Information in Canada. Part 2 will provide a listing of

Canadian health associations at the national and provincial levels. Addresses, telephone numbers and contact persons (if available) will be included. The working file presently has listings for over 200 national associations and we anticipate over 500 entries in total. The anticipated date of publication is summer 1981. Part 3 in the series will provide a listing of active Canadian health sciences periodicals, including both scientific journals and newsletters. This volume will be ready for publication in late 1981 or early 1982.

The directory of health sciences libraries, Health Sciences Information in Canada: Libraries will be updated for publication of second edition during 1981.

#### COLLECTION DEVELOPMENT

A review of CISTI's serial holdings in toxicology has been started. In phase one of the project, titles with no Canadian locations are being identified and will be considered for purchase. Phase two will involve cooperative collection development for toxicology materials with major libraries. Occupational health is another area which will be reviewed.

As part of our project to identify sources of Canadian health statistics, HSRC discovered a recent publication from Statistics Canada. This describes the published and unpublished data available in their Health Division.

Statistics Canada. Health Division. Research and Analysis Section.  
Directory of Health Division Information. Ottawa: Supply and  
Services Canada. 1980. Cat. No. 4-2303-559 Price \$2.00.

As many of you are aware, the position of MEDLINE Coordinator has been vacant since October. A number of applications have been received and I hope to have a new coordinator on staff by spring.

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- B. STABLEFORD, HEAD, HEALTH SCIENCES RESOURCE CENTRE, CISTI.

## BREVE RÉTROSPECTIVE SUR LA SECTION DE LA SANTÉ DE L'ASTED

- PIERRETTE GALARNEAU

Rappelons d'abord que l'ASTED (Association pour l'avancement des sciences et des techniques de la documentation) est une association nationale à l'intention de la francophonie nord-américaine dont les buts sont, entre autres, de promouvoir l'excellence des services et du personnel des bibliothèques, des centres de documentation et des centres d'information, de promouvoir les intérêts respectifs de ces mêmes institutions et d'inspirer la législation en ce sens.

Soulignons ensuite que la Section de la santé (Section des bibliothèques spécialisées dans le domaine de la santé) fait partie intégrante de l'ASTED. A ce titre, la Section de la santé, comme toutes les autres sections de l'ASTED, tout en ayant son propre Exécutif, tout en étant autonome dans la régie de ses affaires internes et dans la gestion de ses affaires financières, n'en demeure pas moins soumise à la juridiction de l'ASTED. Tout comme les autres sections, elle ne peut, par conséquent, engager le nom de l'Association ou se présenter comme son porte-parole ou son mandataire sans autorisation préalable du Bureau de l'ASTED. Les démarches qu'elle fait auprès d'autres organismes ou auprès des gouvernements doivent donc être approuvées par le Bureau de l'ASTED. Loin d'être une contrainte cette obligation confère une plus grande force de frappe à nos demandes car nous avons ainsi l'appui de toute l'Association.

Le bref historique suivant doit beaucoup au "Manuel de la Section de la santé", préparé par madame Hélène Patry, en 1972. Après cette date, les rapports annuels de la Section furent notre source principale d'information.

La formation de la Section des bibliothèques d'hôpitaux (prédécesseur de la Section de la santé) fut approuvée officiellement par le Conseil de direction de l'ACBLF (Association canadienne des bibliothécaires de langue française - prédécesseur de l'ASTED) le 11 octobre 1954. Du 1er mars 1953 au 11 octobre 1954, des forums, réunions, comités, questionnaires avaient démontré, en effet, la nécessité d'assurer une cohésion entre les personnes travaillant dans les bibliothèques d'hôpitaux et aussi le besoin de leur procurer des moyens adéquats de perfectionnement. Les objectifs primordiaux de la Section seront la formation continue de ses membres et le développement efficace des bibliothèques d'hôpitaux.

Des séances d'étude organisées lors des congrès de l'Association, des journées d'étude tenues dans le courant de l'année, la formation de comités ad hoc pour l'étude des problèmes les plus épineux, la rédaction de mémoires destinés aux autorités gouvernementales, la sensibilisation des administrateurs hospitaliers à l'importance des bibliothèques médicales seront les principaux moyens utilisés par la Section pour atteindre son double objectif.

En 1967, les cadres de la section seront élargis pour accueillir toutes les personnes travaillant dans un organisme de santé quel qu'il soit: hôpital, laboratoire, compagnie pharmaceutique, ministère, etc. La Section sera désormais connue sous son nom abrégé: Section de la santé.

Beaucoup était à faire, beaucoup a été fait pour convaincre les autorités, locales et gouvernementales, tant de l'importance de la bibliothèque d'hôpital que de l'importance d'avoir un personnel compétent pour ces mêmes bibliothèques. Nous ne citerons ici que les étapes les plus importantes.

En 1961, une définition d'emploi, adoptée par la loi de l'Assurance-hospitalisation confondait bibliothécaires et archivistes médicales. Pour éliminer toute confusion à ce sujet, un comité conjoint ACBLF/ABQ-QIA/SIA (Montreal Chapter) fut chargé de fournir une définition du rôle du bibliothécaire, de ses tâches et de ses responsabilités. Ce comité fit parvenir un mémoire à ce sujet, en 1963, au gouvernement du Québec. Par la suite, il prépara des propositions pour une échelle de

salaires appropriée pour les bibliothécaires (remises en 1966, suivies d'une révision en 1968).

Il est intéressant de constater que, dès 1966, la Section de la santé commença à se préoccuper de la régionalisation des bibliothèques de la santé. Cet intérêt devait s'accroître avec la parution en 1970 du rapport de la Commission d'enquête sur la santé et le bien-être social du gouvernement du Québec (Rapport Castonguay-Nepveu), suivi, en 1971, de la loi sur les services de santé et les services sociaux.

En 1970, dans une autre tentative pour clarifier la situation du bibliothécaire et lui assurer un meilleur statut administratif, l'ACBLF adressait au Ministère de la santé du Québec un mémoire sur "Le statut des bibliothécaires au sein des centres de santé". En conclusion, se basant sur les recommandations du rapport Castonguay-Nepveu, le Mémoire proposait que s'organise "la régionalisation des bibliothèques des centres hospitaliers afin de doter les centres de santé les plus défavorisés d'un minimum vital dans le champ de la documentation".

Pour préparer la voie à cette réorganisation, un comité ad hoc élaborait en 1971, une carte illustrant les bibliothèques d'hôpitaux du Québec en tenant compte des régions mentionnées dans le rapport Castonguay-Nepveu.

En 1971-1972, le comité ad hoc de la régionalisation des bibliothèques de la santé reçut le mandat d'étudier la régionalisation des bibliothèques de la santé dans les autres pays et au Canada pour préparer des recommandations à l'intention du Ministère des affaires sociales du Québec.

Parallèlement, le Comité de regroupement des ressources des bibliothèques de la santé devait recueillir, à l'aide d'un questionnaire très détaillé, envoyé à travers tout le Québec en 1974, toutes les données pertinentes sur la situation des bibliothèques de la santé du Québec, données nécessaires au Comité de régionalisation pour son étude.

Deux mémoires sur la régionalisation furent soumis au Ministère des affaires sociales du Québec (1973 et 1975). Notre Association y recommandait que le gouvernement du Québec adopte la législation nécessaire pour structurer les bibliothèques du secteur de la santé en réseaux efficaces, sur une base régionale décentralisée.

Ces recommandations furent accueillies assez froidement par le MAS. La Section garda, cependant, le dossier ouvert et tenta de nouvelles approches notamment auprès des Conseils régionaux de la santé et des services sociaux.

La Section de la santé ne pouvait pas, évidemment, limiter ses préoccupations à ce dossier. En 1974, constatant l'absence presque complète de politiques administratives pour les bibliothèques dans les centres hospitaliers et les inconvénients évidents qui en découlaient, l'Exécutif de la Section chargea un Comité ad hoc de préparer un projet-type de politiques administratives qui pourrait servir de guide tant aux administrateurs qu'aux spécialistes de la documentation. Ce projet, auquel participèrent deux administrateurs hospitaliers fut publié par l'ASTED, en 1975, sous le titre: "Politiques administratives d'un service de documentation d'une institution de santé et/ou de services sociaux; Document de travail".

La Section de la santé s'est également inquiétée de la non-inclusion des bibliothèques dans la loi et les règlements sur les services de santé et les services sociaux. Un mémoire, à ce sujet, a été défendu par l'ACBLF devant la Commission parlementaire des affaires sociales, en 1971. L'ASTED intervint de nouveau dans ce dossier en 1977.

Mentionnons, entre autres réalisations: la participation à la publication de normes canadiennes pour les bibliothèques pour l'agrément des hôpitaux canadiens, la préparation d'une formule de relevé des statistiques pour les bibliothèques de la santé dans le but d'uniformiser les statistiques exigées par le MAS, etc. etc.

Certes les démarches entreprises par la Section de la santé n'ont pas toujours obtenu les résultats escomptés. Elles ont, cependant, contribué à maintenir l'attention des autorités locales et gouvernementales sur l'importance de la bibliothèque pour l'équipe des professionnels de la santé et à assurer une place valable aux spécialistes de la documentation dans cette équipe de professionnels de la santé.

La Section de la Santé entend donc poursuivre avec dynamisme et enthousiasme son double objectif: la formation continue de ses membres et la promotion des bibliothèques de la santé.

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#### FRASER ELECTED TO FELLOW STATUS

Doreen M. Fraser, who recently retired as assistant professor in the School of Library Service, Dalhousie University, has been elected a Fellow of the Medical Library Association by the Board of Directors of MLA. This honor was conferred on Professor Fraser for her dedication to the development of health sciences librarianship and her long record of achievement and service to the profession. The election was announced at the Association's 80th Annual Meeting held in Washington, D.C., June 14-19.

In addition to her faculty duties, Miss Fraser also served as Regional Health Sciences Librarian in the Division of Continuing Medical Education at Dalhousie. From 1967-1972, she was Health Sciences Librarian at the University. She has published numerous articles, conducted many workshops and participated in health sciences information projects and research activities.

An active MLA member since 1953, Miss Fraser has served on many committees including: Membership, 1964-65, Ad Hoc Committee on Goals and Structure, 1969-1974; International Cooperation Committee, 1970-74; and the Nominating Committee 1975-76. She also was the International Editor of the Bulletin of the Medical Library Association, 1970-74.

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*To all Health Sciences Librarians:*

*For some time I have wondered whether it would be advantageous for health library professionals to arrange to provide job exchanges between institutions. Would it be useful for a hospital librarian to be exposed temporarily to the academic library environment, or would an exchange between two academic librarians be beneficial in providing fresh points of view?*

*Each "exchange" could continue to be paid by his/her institution, and ideally, they could exchange living accommodations, so there would be a minimum of red tape involved. It would be best, probably, to exchange between relatively unencumbered souls since dogs, cats, goldfish and ten kids might complicate housing arrangements.*

*To get the ball rolling, we do have someone at Kellogg interested in a three or four-month exchange. Tom Flemming, our librarian in charge of Interlibrary Loans, would be happy to hear from anyone who would like a brief sojourn in Halifax, his apartment, and our library.*

*If anything does come out of this proposal, it should then be followed by a report - to be published in BMC, of course.*

Ann D. Nevill  
Health Sciences Librarian  
W.K. Kellogg Health Sciences Library  
Dalhousie University,  
Halifax, N.S. B3H 4H7.

JOB OPENING

THE UNIVERSITY OF CALGARY, CALGARY, ALBERTA

HEAD, PUBLIC SERVICES, MEDICAL LIBRARY

LIBRARIAN III, \$23,597 - \$28,208

Available: Immediately

Position and scope: Administration and organization of public services area. This includes the provision of information services, training of support staff, responsibility for circulation (through supervisor), interlibrary loans, photo-publication and audiovisual services. Public Services includes twelve support staff.

Responsible to: Medical Librarian

- 1) Organisation, development and administration of Information Services, including interlibrary loans.
- 2) Selection, training and supervision of reference staff
- 3) Provision of orientation and instruction services to students and faculty, etc.
- 4) Recommends acquisitions of materials, particularly in the reference areas
- 5) Organize displays to promote knowledge and use of materials
- 6) Such other duties as may be assigned.

Expected qualifications:

- 1) University degree in one of the life sciences
- 2) A degree from an accredited Library School programme or equivalent
- 3) Reference experience in the Health Sciences
- 4) Experience in the use of computerized information retrieval particularly MEDLARS
- 5) Some administrative experience
- 6) Demonstrated ability to promote library services

Apply to: Alan H. MacDonald  
 Director of Libraries  
 The University of Calgary  
 2500 University Drive N. W.  
 Calgary, Alberta T2N 1N4

Telephone number: (403) 284-5953

NOTE TO MEMBERS

There were a few errors in the recent membership list and the following corrections should be made:

1. Add   Hanna Waluzyniec  
          Medical Library  
          3655 Drummond Street  
          Montreal H3G 1Y6  
  
          Germain Chouinard  
          Bibliotheque Medicale  
          CHUS Universite de Sherbrooke  
          Sherbrooke, Quebec J1H 5N4.
2. Delete  
      Loraine Spencer-Garry
3. Change  
      Hall Verona to Verona Hall

Any further changes should be sent to the Treasurer, Sandra Duchow.

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## PROVINCE REPORTS

## HALIFAX, N.S.

Officers of the Nova Scotia Health Libraries Association (N.S.H.L.A.) for the current year are as follows: President Linda Harvey (Kellogg Health Sciences Library), Vice President Verona Hall (Camp Hill Hospital Library), and Secretary Donna Jensen (Kellogg). Our past president, Anitra Laycock, is presently C.H.L.A. vice president and thus an ex officio member of our executive.

The chapter has continued its practice of combining a brief monthly business meeting with either a familiarizing visit to the library of one of our members or with a presentation and discussion on a selected topic. So far, this winter, we have visited the N.S. Department of Health Library (Joyce Kublin) and the new quarters of the Dartmouth General Hospital Library (Catherine Harrison, Nancy King, and Ellen Young). Donna Jensen spoke on access to Nursing Literature. At the January meeting Keneen Doherty of the Continuing Education Department of the Victoria General Hospital spoke on their proposal to develop a patient education programme using the hospital's in-house video production facilities. They plan to do a pilot project in the area of Cardiovascular Disease. A discussion followed on experiments in patient education by other hospitals in the area.

In January one of our members, Frank Oram, left his job as Health Sciences Librarian at the Victoria General Hospital to become Union Catalogue Librarian at the Nova Scotia Provincial Library. After graduating from the Dalhousie School of Library Service in 1973, Frank joined the V.G.H. staff as the first full time hospital librarian in the Maritimes. We wish him all the best in his new position.

On January the 31st the combined Halifax Library Association / Atlantic Provinces Library Association / N.S.H.L.A. Mid-winter Conference was held at St. Mary's University on the theme of "Health Education for the Library User". This was a most successful full day programme on consumer services from various sources including public libraries, provincial and federal health depts.,



hospitals, and health service agencies. The panel members were L. Harvey (Kellogg), Barbara Prince (Dartmouth Regional Library), Shirley Campbell (N.S. Dept. of Health), Pat Brownlow (Health and Welfare Canada), Anitra Laycock (Halifax Infirmary) and Eleanor Cardoza (N.S. Commission on Drug Dependency). The ensuing discussion brought out the various approaches and problems of the different agencies in their efforts to provide health information to the public. Many of the librarians present said that the conference had made them more aware of the resources available from the government agencies represented.

- W.H. OWEN, BMC CORRESPONDENT, NOVA SCOTIA HEALTH LIBRARIES ASSOCIATION

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## PUBLICATIONS

1. Bibliography on Canadian Health Care Trusteeship. Published August, 1980.

Available free of charge from:

CANADIAN HOSPITAL ASSOCIATION,  
410 Laurier Avenue West,  
Ottawa, Ontario K1R 7T6

2. Outline of General Academic Entrance Requirements for Programs in Nursing at Canadian Universities. 1980-81.
3. Nursing Programs Offered at Canadian Universities. 1980-81.
4. General Entrance Requirements for Schools of Nursing and Schools of Practical Nursing. 1980-81.

Nos. 2, 3 & 4 are available free of charge for a single copy form:

CANADIAN NURSES ASSOCIATION,  
HELEN K. MUSSALLEM LIBRARY,  
50 Driveway,  
Ottawa. K2P 1E2.

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## ABOUT LIBRARIES , , ,

The C.C. Clemmer Library of the Canadian Chiropractic College opened its doors for "business" on December 1, 1980. The official opening will be held in the spring.



# MEDICAL LIBRARY ASSOCIATION

81st Annual Meeting • The Queen Elizabeth • Montréal • Canada

81ième Assemblée Annuelle • Le Reine Elizabeth • Montréal • Canada

May 30 — June 4, 1981

30 mai — 4 juin, 1981

**National Program Committee 1981**

**Comité national du programme 1981**

**Frances Groen, Chairman/Président**

Medical Library, McGill University  
3655 Drummond Street  
Montreal, Quebec, H3G 1Y6, Canada  
(514) 392-3059

**David Bishop**

Co-Chairman/Président adjoint  
The Library, University of California  
San Francisco, California 94143  
(415) 666-2334

**Ralph D. Arcari**

Lyman Maynard Stowe Library  
University of Connecticut Health Center  
Farmington, Connecticut 06032  
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**David S. Crawford**

Medical Library, McGill University  
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Montreal, Quebec, H3G 1Y6, Canada  
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**Richard B. Fredericksen**

Lister Hill Library  
of the Health Sciences  
University of Alabama in Birmingham  
University Station  
Birmingham, Alabama 35294  
(205) 934-5460

**Barbara Coe Johnson**

Department of Libraries  
Harper Hospital  
39990 John R. Street  
Detroit, Michigan 48201  
(313) 494-8264

**Carol D. Kasses**

Health Sciences Library  
Columbia University  
701 West 168th Street  
New York, New York 10032  
(212) 694-3689

**Arlee May**

The Francis A. Countway  
Library of Medicine  
Harvard University  
10 Shattuck Street  
Boston, Massachusetts 02115  
(617) 732-2128

**Beatrice H. Robinow**

Health Sciences Library  
McMaster University  
Hamilton, Ontario, L8S 4J9, Canada  
(416) 525-9140 Ext. 2320 or 2321

**Lois Ann Colaianni,**

Board of Directors Liaison/  
Liaison au Conseil d'Administration  
Director of Libraries  
Health Sciences Information Center  
Cedars-Sinai Medical Center  
P.O. Box 48956  
Los Angeles, California 90048  
(213) 855-3752

## MEDICAL LIBRARY ASSOCIATION

The 81st Annual Meeting of the Medical Library Association is being held at the Queen Elizabeth Hotel in Montreal from May 31 through June 4, 1981

On May 29, 30 and 31 Continuing Education course will be offered.

Non-members of Medical Library Association can register for both continuing education courses and the annual meeting. If you wish to receive a registration package or need further information please contact Medical Library Association Meeting, 3655 Drummond Street, Montreal H3G 1Y6.

Medical Library Association members will receive this information directly from Medical Library Association Headquarters in Chicago.

## CHLA ANNUAL MEETING- MONTREAL - MAY 26-29, 1981

- JEAN FENSOM

Montréal will be the location of CHLA's Annual Meeting in May as well as the Medical Library Association's conference immediately following CHLA during the first week of June. This will give CHLA members the opportunity to benefit from the meetings of both associations as well as their Continuing Education Courses.

CHLA will have as its headquarters the Parc-Régent Hotel (formerly Loews La Cité on Park Avenue) with additional accommodation available in the nearby McGill University residences. The interesting location of this hotel near the McGill campus on one side and Montréal's "Left Bank" quarter on the other should give participants a new glimpse of the city with interesting streets lined with intriguing boutiques and restaurants to explore.

On the evening of May 26, a dinner in a downtown restaurant is being planned to give us a chance to meet informally the night before the conference begins. On May 27, the morning session will be a demonstration of Canada's newly developed videotext system, TELIDON. This received wide publicity at the American Association for the Advancement of Science's meeting in Toronto in January and as videotext system are assured a place in our future, both in our homes and offices, the session should prove to be both stimulating and informative. Jim Feeley, a librarian who is involved with TELIDON will be there and comments will be made by a health sciences professional, a consumer advocate and a librarian.

In the afternoon we will break into small discussion groups. So far the topics for these include:

- Consumer Health Education
- Research in Librarianship
- New Reference Tools in the Health Sciences
- The Library's Role in Continuing Health Education
- Services of Professional Association Libraries
- Fund Raising
- Volunteer Help

Thursday has been reserved for the Annual Meeting and as in the past this should be a forum for lively debate.

The Continuing Education course is scheduled for Friday, May 29 and will be held at Wilson Hall, the home of McGill's School of Nursing which is located on University Street. The course offered will be:

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- J. FENSOM, HEAD, DENTISTRY LIBRARY, MCGILL UNIVERSITY, MONTREAL, QUE.

## CE2 MANAGING A HOSPITAL LIBRARY IN CANADA

A workshop led by a team of Canadian librarians with the objective of setting hospital librarianship in a Canadian political context and exploring the consequences in terms of status, funding, reference tools, serials, acquisitions and networking. The special Canadian emphasis of this course should appeal to many CHLA members.

We hope that as many librarians from across the country as possible will attend this meeting and take advantage of the opportunity to learn more about health sciences information and exchange ideas with colleagues while at the same time enjoying the exciting atmosphere of Montréal.

More details will be sent with the CHLA registration package next month.

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## THE CANADIAN SCENE... PEOPLE ON THE MOVE

- FANSHAWE COLLEGE, SCHOOL OF NURSING, VICTORIA CAMPUS, LONDON, ONT.

Suzanne L. O'Neill (formerly Kingsmill) has been appointed Public Services Librarian (Reference, Circulation, Audio-Visual) effective Jan. 5, 1981. Ms. O'Neill's most recent position was Campus Librarian at Fanshawe's Victoria Campus.

- CANADIAN MEMORIAL CHIROPRACTIC COLLEGE LIBRARY, TORONTO, ONTARIO.

Sandra Cifani has accepted a position as Dialog Customer Services Representative. She will be involved with the Life Sciences bases.

Leanne Johnson has become the Technical Services Librarian.

Diana Doxtader has been hired as a Library Technician. She is a 1978/79 graduate of Sheridan College and she specialized in the Health Sciences option. She was previously employed at the Ministry of Northern Affairs.

- CANADIAN HOSPITAL ASSOCIATION LIBRARY, OTTAWA, ONT.

Mrs. Diane Thomson and Mrs. Louise Gibson have been appointed jointly to the position of DIRECTOR of the LIBRARY on a job sharing arrangement.

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## LETTERS TO THE EDITOR

Your (our) publication is much appreciated by the volunteer staff of this library. We feel it keeps us in touch with medical libraries across Canada. We especially appreciate the humourous touches supplied by Patrick J. Fawcett, and by the cartoons in the last current issue. I am enclosing some doggerel expressing a frustration that overcomes me everytime the lights are lowered and a dread projector is wheeled in. I don't object to illustration when it is relevant and amplifies the discussion and when the machinery involved actually works but so seldom is that the case. Or so it seems to me. Does anyone else share this concern?

Sincerely,

Mrs. W.N. White, Librarian,  
Riverside Hospital Auxiliary,  
Ottawa, Ontario. K1H 7W9.

## A Picture is Not Worth a Thousand Words -

- WHEN - After a wait of twenty min.  
The projector trundles in;  
The light's are dimmed  
The gathr'ring hushed,  
The program can begin;  
And to gratify our expectancy  
We see one - only - transparency!
- WHEN - The carrousel declines to spin,  
The cassette is mute again;  
On bended knee  
The "speaker" feeds  
(By hand) a few slides in,  
Telling with ironic apology,  
The wonders of computer technology;
- WHEN - Gadgetry replaces content,  
Circuitry displaces comment!  
Kindergarten scrawls,  
Projected on walls  
Are deemed important,  
And live human communication  
Gives way to contrary automation!
- THUS - If we must have illustration  
To amplify the exposition,  
Relevancy  
Not Sophistry,  
Should guide decision.  
An adjunct to speech let AV be  
Not a substitute for verbal clarity!

## NEUROSIS AND THE LIBRARY USER

- PATRICK J. FAWCETT

Being neurotic, by itself, is not such a bad way to be.

In times like these, being neurotic has a lot of advantages. In my case, it means loudly denouncing the mindless garbage being served up on television each week but ensuring I'm glued to the set for every episode of Buck Rogers, or bemoaning the increase in the weekly grocery bill while merrily stockpiling more Lowenbrau at a buck per bottle for a Super Bowl party, or supporting one of only two Liberals elected from western Canada and then spending Christmas with my family in -- ahem! -- Saudi Alberta.

Being neurotic and having to work with library users who are in even worse shape than me, however, is just a little bit scary.

If you consult any of the psychiatry textbooks on your shelves, you'll find that the most common neurosis running around loose on our streets these days is paranoia. (Anyone who feels compelled to defend the distinction between neurosis and psychosis has obviously worked in a health library too long). Paranoia is a feeling of persecution, a state of mind within which you're firmly convinced that someone or something is out to get you. Paranoia has been making something of a comeback these last few years and nowhere is that more evident than in the health sciences library.

Health libraries, by their very nature, tend to attract some pretty weird types, even allowing for those who work in psychiatry or have the job of maintaining the kardex. People convinced that the health profession has found a cure for cancer but is suppressing it to make more money, those obsessed that additives in their food or water are the root of all failures in life, and those determined to expose a secret government plot to poison our environment all gravitate to the library in search of proof for their claims. And when I was a reference librarian, they always seemed to appear when all the other staff members were busy and I was too far from a good place to hide.

"Who puts this out?" asked an otherwise normal looking person, leaning on a reference table and tapping the top of the Index Medicus.

"NLM," I replied, "National Library of Medicine in Washington."

"That's part of the CIA, right?" he asked, chewing energetically on a large wad of gum.

"Not that I know of," I said, peering surreptitiously at his wrists for any sign of a patient identification bracelet. "Why?"

"You can be sure of it. They're taking over all the libraries."

Speculating only briefly on the size of the CIA's budget and the kind of library it would fund, I continued: "Why would they want to?"

At this, the man hunched his shoulders and hissed: "Because they can control everything. They can stop us finding out." What really made me shiver as he turned and left the library was not just the strange tone in his voice but the medical staff name tag on his shirt pocket.

I suppose if I were totally honest with myself -- which is not a good habit to get into when you have to look in a mirror to shave every morning -- what most unnerves me about these close encounters of the weird kind is how these people appear so normal and gainfully employed. I also know it would be very easy for me to end up going the same way and then I find myself wondering if it hasn't begun to happen already. How would I know? I've tried discussing this with my wife but asking your spouse a question like 'Do you think I'm growing weird?' elicits entirely the wrong kind of answers.

I would have dismissed the foregoing incident as just a minor looney tune but for what happened the very next day.

A fellow came in for a Medline search and I gave him the usual form to fill in. He muttered something about "very secret work" and sat with his arm curved around the sheet, scribbling industriously. When he had finished writing, I went to take the form and he snatched it up, horrified that I was actually going to read what he had written. Apparently, he somehow expected his request to be fed into a slot somewhere and be processed by a computer without ever coming into the purview of human optics.

By way of reassurance, I told him about the Medline service, how careful we were to preserve confidentiality, and what a big, impressive system it all was. Suddenly, I struck a nerve.

"You mean this computer isn't here?" he asked, suspiciously.

So I started describing the immensity of the Medline system, about all the wonderful computers in Bethesda, and how the communication network allowed —

"It's in Washington?" he gasped. Incredulously: "And you trust them?"

This gave me pause. "Trust who?" I asked.

"Them."

I tried a new tack. "Trust them with what?"

"With what I'm doing."

"You're doing a Medline search."

"No, no, no, with my research. It's all here, on this form! If they look at this, they'll know everything I'm doing! His eyes darted furtively about my office as if one of Them might already be listening.

Checking to be sure I had a clear path to the door, I tried the Good Humour approach. "But they'll know anyway once you publish your results."

"Ah," he said, triumphantly, "but by then it'll be too late to stop me."

"Who wants to stop you?"

"They do."

"Why do they want to?"

He replied with the shrug of the man who knew he was stating the obvious. "That's their job." Suddenly, he leaned over the table towards me and I fought down the urge to run screaming out of my office. "You don't believe that they're doing all this, do you? You don't realize what's going on, do you?"

A little voice inside me kept repeating, Don't make him violent, Don't make him violent..."I haven't seen anything to indicate that any of the—"

"Suppose that everything you say to that computer is being monitored by someone. How do you know that they're not listening in?"

"Oh, it is monitored. Their management section—"

"Ahah!" he yelled, leaping to his feet and scrunching the Medline form into a ball against his chest. "I knew it!"

He stomped out of my office and left the library while I was still dithering over the value of trying to explain to him what I meant. But somewhere in the back of my mind, a little seed had been planted. While I tried to get on with some other work, I kept getting this mental image of a cloak-and-dagger type sitting at an MMS console watching all the Medline interactions and noting down things of interest. From there, the paranoia began to spiral. Why not just a simple programme invoked which would then capture the ID and address of the person running the search? What if, instead, they could also develop a way to...

That night when I left work, my car wouldn't start. I immediately realized that someone must have tampered with it. And I knew just who had done it.

It was them.

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